PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY			R THAN		
TOTAL CLAIMS			Colon	00		(Column 2)		TYPE	1 555	OR T.		ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		•	BASIC FE	FEE 385.00	-	BASIC FE	.FEE 770.00		
⊩			00		O				363.00	JOR	BASIC FE	770.00		
⊩		ABLE CLAIMS	minus 20=		· 0.			X\$ 9=		OR	X\$18=			
II—	DEPENDENT (C minus 3 =			? 		X43=		OR	X86=	258		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1018		
CLAIMS AS AMENDED - PART II									OTHER THAN SMALL ENTITY OR SMALL ENTITY					
	(Column 1)		T-	(Colum		(Column 3)		SMALL		OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	• [9]	Minus	- 2	W	=		X\$ 9=		OR	X\$18=	,		
	Independent	• (p	Minus	BENDENT	CL AIRA	=		X43=		OR	X86=	./		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	/		
							Ŀ	TOTAL			TOTAL	- /		
ADDIT. FEEON ADDIT. FEEON ADDIT. FEEON ADDIT. FEE														
AMENDMENT B		CLAIMS REMAINING		HIGHE	ST		Г	-	ADDI-	Г		ADDI-		
		AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus					X\$ 9=		OR	X\$18=	:		
	Independent		Minus	444		-	T	X43=	'	OR	X86=			
	rina i rneae	NTATION OF ML	ILIPLE DE	PENDENT	CLAIM		ľ	+145=		OR	+290=	:		
										OR A	TOTAL DOTT. FEE			
ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT	,	HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	Minus	••		-		X\$ 9=	1,	OR	X\$18=			
	Independent				•	\vdash	X43=		`` 	X86=				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash			OR	7,00-			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **Hittle "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Apply 555														
	the Highest Nur	mber Previousty Pai	d For IN THIS	S SPACE is to	es than	3 enter :3 *		DIT. FEE			DIT. FEE			
		per Previously Paid	· v (10/8) 0/	uepen cen i	, es trie h	egnesi number (ound	n ave ebbi	repnate box i	u comu	nņ 1.			